Asking the members of the healthcare team questions helps you take an active role in managing your loved one’s care. If you do not understand any part of the information the healthcare provider gives you, ask him or her to explain it in another way.

**Diagnosis and Testing**
What is my loved one’s exact diagnosis?

_________________________________________________________________________________________
_________________________________________________________________________________________

What is the stage of the disease?

_________________________________________________________________________________________
_________________________________________________________________________________________

**Treatment**
What are all of the treatment options available to my loved one?

_________________________________________________________________________________________
_________________________________________________________________________________________

Is my loved one eligible to participate in a clinical trial?

_________________________________________________________________________________________
_________________________________________________________________________________________

What are the goals of treatment?

_________________________________________________________________________________________
_________________________________________________________________________________________

What is the recommended treatment? What are the benefits and risks?

_________________________________________________________________________________________
_________________________________________________________________________________________

How long will the treatment last?

_________________________________________________________________________________________
How much time does my loved one have to make a decision about the treatment plan?

_________________________________________________________________________________________
_________________________________________________________________________________________

Will my loved one be in the hospital or be at an outpatient treatment center for treatment?

_________________________________________________________________________________________
_________________________________________________________________________________________

What kind of testing will be done to monitor the disease and its treatment? How often will the testing be needed?

_________________________________________________________________________________________
_________________________________________________________________________________________

How will we know if my loved one’s treatment is effective? What options are available if the treatment is not effective?

_________________________________________________________________________________________
_________________________________________________________________________________________

**Side Effects**

What are the immediate- and long-term effects of treatment?

_________________________________________________________________________________________
_________________________________________________________________________________________

What signs and/or symptoms indicate that I should call the healthcare team?

_________________________________________________________________________________________
_________________________________________________________________________________________

Whom can I contact after hours with questions or concerns?

_________________________________________________________________________________________
_________________________________________________________________________________________

What signs and/or symptoms indicate a trip to the emergency room is necessary?

_________________________________________________________________________________________
_________________________________________________________________________________________
Can my loved one’s fertility be preserved before his or her treatment begins? How will treatment affect sexuality?

_________________________________________________________________________________________

_________________________________________________________________________________________

Is it possible to get a palliative care referral for help managing side effects?

_________________________________________________________________________________________

Will my loved one need to follow a special diet or avoid any specific foods?

_________________________________________________________________________________________

Social/Financial Concerns
What kind of financial and social support services are available to my loved one and me?

_________________________________________________________________________________________

_________________________________________________________________________________________

Who is the best person to speak to about bills and insurance coverage?

_________________________________________________________________________________________

_________________________________________________________________________________________

If my loved one does not have insurance coverage, whom can we speak to for assistance?

_________________________________________________________________________________________

_________________________________________________________________________________________

Follow-up Care
Will the healthcare team continue to check on my loved one after his or her treatment is over? If so, for how long?

_________________________________________________________________________________________

_________________________________________________________________________________________

If my loved one experiences long-term effects in survivorship, whom can we contact?

_________________________________________________________________________________________

_________________________________________________________________________________________

Can you give my loved one (or me) a written follow-up care plan or a survivorship care plan?

_________________________________________________________________________________________

_________________________________________________________________________________________